

VOLUNTEER SIGN-IN

Please **PRINT** and **SIGN** name

Liability Waiver and Photo Release for adults and minors age 18 or under.

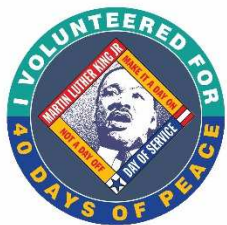
Project Name_____ Date_____ Location_____

LIABILITY WAIVER: I acknowledge that my participation, or as the parent/guardian of a minor, our participation, is completely voluntary and is being undertaken without promise or expectation of compensation. I, the below-signed, for myself, my heirs, and assigns, hereby release and discharge the City of Bloomington, Indiana and its affiliates, associates, and agents and any participating organizations, for any claims for damages or injury I/we may incur resulting from my/our participation in this voluntary community service event. I understand that my/our participation involves risk of injury and that illness may result directly or indirectly from my/our participation. I further state that I/we am/are in proper condition for participating in these events.

PHOTO RELEASE: I grant permission to the City of Bloomington, Indiana, Service for Peace, Serve Indiana, and the Community Foundation of Monroe County to reproduce any photographs or video of myself and/or my dependent taken during this project.

I have read the above and make the following release for myself and my dependent(s).

	NAME of ADULT or PARENT/GUARDIAN	NAME OF MINOR (age 18 or younger)	RELATIONSHIP TO MINOR	PHONE	EMAIL	IU STUDENT?	SIGNATURE of CONSENTING ADULT or PARENT/GUARDIAN
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